### **RETURN OF BUSINESS TANGIBLE PERSONAL PROPERTY & MACHINERY AND TOOLS**

COMMISSIONER OF THE REVENUE

DUE 2/15 2015

# CITY OF SALEM 114 N. BROAD ST., P.O. BOX 869 SALEM, VA 24153 PHONE 540-375-3019 FAX 540-375-3048

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|                   |                         |   | Please Provide and Verify                     | <u>L</u>                           |                                       |
|-------------------|-------------------------|---|---|------------------------------------|---------------------------------------|
| Trade Name:       |                         |   |   | SSN# / Fed ID<br>RBS Account #     |                                       |
| Owner or Corp:    |                         |   |   | State License #:                   |                                       |
| Mailing Address:  |                         |   |   |                                    |                                       |
|                   |                         |   |   | VA Sales & Use #:                  |                                       |
|                   |                         |   |   | Corp. Reg. Agent:                  |                                       |
| Corp. Phone:      |                         | 1   | Local Phone:                                  | Fax Number:                        |                                       |
| Email Address:    |                         |   |   | Website:                           |                                       |
| Location Address: |                         |   |   |                                    |                                       |
| Date Business     | s Ceased                | Operations in City:   | CESSATION OF BUSINES                          |                                    |                                       |
| Reason: □Mo       | oved out                |   | □Other  |                                    |                                       |
| Current Mailin    | ng Address<br>s moves d | s:<br>out of the City or ceases operation                       | Phone#:<br>n after January 1, the business is | liable for the business personal p | property tax bill.                    |
| Schedule 1        |                         | · · ·   | BUSINESS PROPERTY                             |                                    |                                       |
| YEAR PURCHA       | ASED                    | (A) COST REPORTED ON PRIOR YEAR RETURN DO NOT ALTER THIS COLUMN | (B)<br>ADDITIONS                              | (C)<br>DISPOSALS                   | (D)<br>(=A+B-C)<br>CURRENT YEARS COST |
| 2014              |                         |   |   |                                    |                                       |
| 2013              |                         |   |   |                                    |                                       |
| 2012              |                         |   |   |                                    |                                       |
| 2011              |                         |   |   |                                    |                                       |
| 2010              |                         |   |   |                                    |                                       |
| 2009 & Pri        | or                      |   |   |                                    |                                       |
| TOTAL CO          | ST                      |   |   |                                    |                                       |
| Schedule 2        |                         | MANUFA  | CTURERS ONLY MACHINER                         | Y & TOOLS                          |                                       |
| YEAR PURCHA       | ASED                    | (A) COST REPORTED ON PRIOR YEAR RETURN DO NOT ALTER THIS COLUMN | (B)<br>ADDITIONS                              | (C)<br>DISPOSALS                   | (D)<br>(=A+B-C)<br>CURRENT YEARS COST |
| 2014              |                         |   |   |                                    | CONNENT TEARCOCCT                     |
| 2013              |                         |   |   |                                    |                                       |
| 2012              |                         |   |   |                                    |                                       |
| 2011              |                         |   |   |                                    |                                       |
| 2010              |                         |   |   |                                    |                                       |
| 2009 & Pri        | or                      |   |   |                                    |                                       |
| TOTAL COST        |                         |   |   |                                    |                                       |

#### Leased Equipment

| NAME OF LESSOR | ADDRESS & PHONE# OF LESSOR | DESCRIPTION | LEASE ID# | COST |
|----------------|----------------------------|-------------|-----------|------|
|                |                            |             |           |      |
|                |                            |             |           |      |
|                |                            |             |           |      |
|                |                            |             |           |      |
|                |                            |             |           |      |

### IMPORTANT INFORMATION:

- Every taxpayer owning machinery and tools shall include on his annual return of such property the original total capitalized cost of all his machinery and tools in the taxing jurisdiction. (Code of Va §58.1-3518)
- Failure to file a timely return will result in a penalty of 10% or \$10.00 whichever is greater, not to exceed amount of tax.
- Incomplete forms will not be accepted and will be returned to you. A form is considered incomplete for any of the following reasons:

|  | Stating | "same as | last year" | or "see | attached" | is not | acceptable. |
|--|---------|----------|------------|---------|-----------|--------|-------------|
|--|---------|----------|------------|---------|-----------|--------|-------------|

- The detailed itemized listing or any other supporting documentation is not attached
- □ All sections are not completed. If no assets are reports, an explanation must be attached.
- ☐ The form is not signed and dated by the authorized representative.
- If a form is returned as incomplete, the corrected form and supporting documents must still be received in the office on or before February 15 to avoid late penalties
- We will not accept renditions in lieu of a return (i.e. 762)
- Willful failure to file this return is a criminal offense in voliation of Virginia State Code 58.1-3518. Taxpayers who are required to file a return who neglect to do so will be subject to a statutory assessment and/or onsite inspection
- Please include the following types of tangible peroperty on this return:
- □ All office equipment, furniture, fixtures, furnishings, operating equipment, computers, peripherals,

hand tools, power tools, books, machinery, etc. located/used in the business

- ☐ All tangible property given as a gift (listed with fair market value)
- ☐ All items fully depreciated, but still in use

## **TAXPAYER SIGNATURE & INFORMATION**

| I DECLARE THAT THE STATEMENTS & FIGURES HEREIN GIVEN ARE TRUE, FULL AND CORREC | T TO THE BEST OF MY KNOWLEDGE AND BELIEF |
|--|--|
| PRINTED NAME & TITLE   | Date                                     |
| SIGNATURE  | FEDERAL ID OR SOCIAL SECURITY #          |
| PAID PREPARER SIGNATURE & INFORM   | MATION                                   |
| PRINTED NAME OR PREPARER & FIRM (IF APPLICABLE)                                | Date                                     |
| SIGNATURE  | FEDERAL ID OR SOCIAL SECURITY #          |

| DEPRECIATION SCHEDULE |     |  |  |
|-----------------------|-----|--|--|
| 2014                  | 70% |  |  |
| 2013                  | 60% |  |  |
| 2012                  | 50% |  |  |
| 2011                  | 40% |  |  |
| 2010                  | 30% |  |  |
| 2009 & Prior          | 25% |  |  |

| OFFICE USE ONLY REVIEWED BY: |     | DATE FILED: |          |
|------------------------------|-----|-------------|----------|
| □FAX                         | LFP | FILE DATE   | RETURNED |
| □MAIL                        |     |             |          |
| □OFFICE                      |     |             |          |